2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

DOCUMENT # P03000099985 1. Entity Name REGINA ESTATES DEVELOPMENT, INC.						04-30-2008 90159 042 ***150.00				
Principal Plac	e of Business			UUU- ,						
SUITE 100 SI		SUITE 100	32801 US HWY 19 NORTH SUITE 100 PALM HARBOR, FL 34684 US		1 10051001.97	Palan 1110 an 110 an 111 an 111	I ARIIA 40110 (8)10 (8	ribi (tibi bil	ita i i‡ i 11 ‡i	
2. Principal P	lace of Business - No PO Box #	3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc		01142008	Chg-P	CR2E034 ((12/06)		
City & State		City & State			4. FEI Numbe 20-023			<u> </u>	plied For t Applicable	
Zip	Country	Zip	Zip Counti		5. Certificate	of Status Desired		.75 Add Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
UCC FILING & SEARCH SERVICES, INC.				Name						
1574 VILLAGE SQUARE BLVD., #100 TALLAHASSEE, FL 32309					Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Code	9		
The above named entity submits this statement for the purpose of changing its registerer					stered agent, or bo	th, in the State of Flo		liar with	and accept	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees										
10.	OFFICERS AND DIRECTORS 11				ADDITIONS/	CHANGES TO OFF	ICER\$ AND DIF	RECTORS	S (N 11	
TITLE :	PD Delete TITI							Change	☐ Addition	
STREET ADDRESS	ESS 32801 US HWY 19 NORTH SUITE 100 SIR			ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE	CEOD Delete 11TL							Change	Addition	
NAME STREET ADDRESS	PLANES, WILLIAM SR. 32801 US HWY 19 NORTH SUITE 100 STRE			et address						
CITY-ST-ZIP	1			-ST-ZIP						
TITLE	TD Delete TITL			:				Change	Addition	
NAME CYPRES ADDRESS	PLANES, WILLIAM II NAM									
STREET ADDRESS CITY-ST-ZIP				et adoress -st-zip						
TITLE	\$	Delete	TITLE					Change	☐ Addition	
NAME	WHITE, LANGFRED W	Donate	NAM					Onlingo		
STREET ADDRESS	32815 U.S. HWY 19 NO.		1	ET ADDRESS						
CITY-ST-ZIP	PALM HARBOR, FL 34684		-}	-ST-ZIP	20 1/0		ries	· · · · · · · · · · · · · · · · · · ·		
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CITY-ST-ZIP	PALM HARBOR, FL 34684	# - # - # - # - # - # - # - # - # - # -	CITY	-ST-ZIP P	ALM HA	ELLOY 19 1 HWY 19 1 RBOR, FI	- 3462	34		
TITLE	V SHEAMAN	☐ Delete	TITLE	Ė				Change	Addition	
NAME STREET ADDRESS	BROWN, SHEAWN 32801 US HWY 19 NORTH SUITE	E 100	NAM STRE	et address						
CITY-ST-ZIP	PALM HARBOR, FL 34684			-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee employeered to execute this poort as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an applicact with all other like employeered.										

lfighoos

Date

Daytme Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _